

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017142

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

4569

STATE FILE NUMBER

318
FILED MAY 10 1962

1003

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		Length of stay in lb 354R.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS (If outside, give location) 1320 Laure L	
3. NAME OF DECEASED (Type or print) EDITH PEETE		4. DATE OF DEATH Month MAY Day 1 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-21-1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and state or country) COVINGTON, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME ORANGE PEETE		13b. MOTHER'S MAIDEN NAME MARIAH LOWE	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. 292.6		17. INFORMANT CARRIE PEETE Address 1448 HICKORY LAN	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abd. wall ectropionitonal hemorrhage. DUE TO (b) Sickle trait - S hemoglobin. DUE TO (c) 292.6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:25 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year 4/13/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 1515 LAFAYETTE AVE	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 4/13/62 to MAY 1, 1962 and last saw her/him alive on may 1, 1962 Death occurred at 11:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glenn S. Schaefer, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE	
22c. DATE SIGNED 5/2/62		22d. SIGNATURE Glenn S. Schaefer, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-5-62	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	23d. LOCATION (City, town, or county) (State) Berkley 21 MO
24. FUNERAL DIRECTOR PRICE AND CO		25. DATE RECD. BY LOCAL REG. MAY 4 1962	
26. ADDRESS 2829 Washington		26. REGISTRAR'S SIGNATURE Glenn S. Schaefer, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

SCHEFFER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. Edward A. Flynn

Licensed Embalmer No. *4444*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.